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**OCT 27 2004**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Appl. No** : 10/642,202  
**Applicant** : Hood et al.  
**Filed** : August 18, 2003  
**Title** : Volatilizable Media Holder For a Laundry Dryer

**TC/A.U.** : 3749  
**Examiner** : J. Lu

**Docket No.** : HOO001-116  
**Customer No.:** 27238

**COMMISSIONER FOR PATENTS**  
**PO Box 1450**  
**Alexandria, VA 22313-1450**

**Via Facsimile**  
**(703) 872-9306**  
**6 Pages**

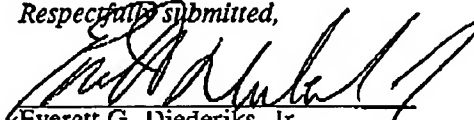
*Sir:*

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- |                                                           |                                                               |
|-----------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Response              | <input type="checkbox"/> Issue Fee Transmittal                |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Check in the Amount of <u>  \$  </u> |
| with <u>  </u> ref.                                       | <input type="checkbox"/> Assignment                           |
| <input type="checkbox"/>                                  | <input type="checkbox"/> Associate Power of Attorney          |
| <input type="checkbox"/>                                  |                                                               |

- ☒ Please charge Deposit Account Number 04-1075 for any deficiency or surplus in connection with this communication. A duplicate copy of this sheet is provided for use by the Deposit Account Branch.

*Respectfully submitted,*

  
Everett G. Diederiks, Jr.  
Attorney for Applicant  
Registration Number: 33,323

Date October 27, 2004

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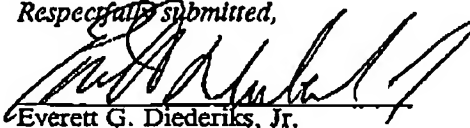
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| <input checked="" type="checkbox"/> Response                             | <input type="checkbox"/> Issue Fee Transmittal       |
| <input type="checkbox"/> Information Disclosure Statement<br>with __ref. | <input type="checkbox"/> Check in the Amount of _ \$ |
| <input type="checkbox"/>                                                 | <input type="checkbox"/> Assignment                  |
| <input type="checkbox"/>                                                 | <input type="checkbox"/> Associate Power of Attorney |

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**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**RESPONSE**

Sir:

This paper is filed in response to the Office Action dated July 28, 2004. Based on the following remarks, reconsideration of the application is respectfully requested.

Remarks/Arguments begin on page 2 of this paper.